

State Representative and Mayoral Candidate La Shawn K. Ford
Illinois 2019 Mayoral Candidate Questionnaire
Rethinking Drug Policy and Public Health Solutions for Chicago's Overdose Crisis

February 6, 2019

Opening Remarks

As state Representative for the last 12 years representing parts of the West Side of Chicago hardest hit by the current epidemic of opioid overdose deaths, where overdose rates are as high as 7 times the overdose rate of Illinois as a whole and 3 times the overdose rate of Chicago, I was co-sponsor of House Bill 1, which became Public Act 99-0480 as the Heroin Crisis Act. I also introduced legislation that became law which permits health insurers to provide coverage for recovery housing for persons with substance use disorders (Public Act 100-1065). To respond to particular needs on the West Side of Chicago, I co-founded the West Side Heroin Task Force on August 31, 2016, Opioid Overdose Awareness Day, to promote naloxone distribution and the use of Medication Assisted Treatment (MAT) to address the epidemic of our time. Our West Side Heroin Task Force has held several Town Hall meetings to raise awareness, promote overdose treatment and MAT, and advocate for patient-centered policies. Our last Town Hall meeting HEALTH CHALLENGE was a few weeks ago on January 21, 2019 on the Dr. Martin Luther King, Jr. holiday in conjunction with The Loretto Hospital. Heroin has been on the West Side for a long time, affecting people in my own family, and my biological mother has dealt with heroin use for years and has been in and out of treatment programs and is now taking methadone. Because of her issues, I was adopted at birth by my grandmother. I have other family members who have experienced overdoses. My family has been greatly affected by opioid use disorder. However, it is evident to me, my family, and people whom I represent that this epidemic has escalated and more deaths have occurred in the last 5 years largely due to street heroin being contaminated by fentanyl. My long-time volunteer health adviser is a family doctor who works with behavioral health providers and a team at a community health center and has 2 ½ years of experience providing MAT to patients in East Garfield Park, including to those experiencing homelessness.

1. How will you support naloxone distribution and overdose education for the city of Chicago?

- a. Ensure all city pharmacies can dispense naloxone without a provider's prescription per the Illinois Department of Public Health Director's standing order, including training for pharmacists, if needed.
- b. Work to make Chicago the most insured city in the United States to reduce barriers to obtain naloxone
- c. Work with state policy makers and managed care organizations to minimize barriers such as copayments in obtaining naloxone
- d. Determine which city of Chicago locations and city employees (Community Service Centers, police stations, CTA station booths, police squad cars, etc.) in which parts of the city should be trained and equipped to use naloxone, and then provide naloxone in those locations
- e. Train and equip police in hard-hit areas on the importance and use of naloxone
- f. Train and equip street peer educators and recovery coaches in areas of highest consumption and overdose death rates on the use of naloxone

- g. Ensure that patients who experience overdose and go to emergency departments or are seen in emergency departments with withdrawal symptoms are provided naloxone on discharge (along with a referral for ongoing MAT)
- h. Encourage co-prescribing of naloxone with MAT or longer term opioid prescriptions
- i. Reinforce Cook County Jail's efforts to distribute/give naloxone to high-risk inmates at their discharge (any inmate with a known OUD and/or risk for overdose)
- j. Use public education campaign on CTA buses and trains and other locations and through social media on the use of naloxone – people are still confused about use of naloxone and MAT
- k. Use money generated from any city lawsuits against pharmaceutical companies to promote naloxone and MAT

2. How will you support expanded access to MAT?

- a. Work to make Chicago the most insured city in the United States to reduce barriers to expand access to MAST
- b. Work with state policy makers and managed care organizations to minimize barriers such as copayments and preauthorization requirements to obtain medications in MAT (obstructions still occur)
- c. Make city funding for residential treatment for substance use disorder contingent on allowing MAT
- d. Work with Illinois DHS/HFS and federal agencies to bring additional resources for expanding access to MAT, including recovering homes and residential support
- e. Convene an MAT Summit including Illinois DHS/HFS, managed care organizations, and all interested parties to work together to drive policy including patient-level, hospital/residential level and system-level quality measures in MAT that can be incentivized - this summit should also suggest concrete changes so SUPR-licensed programs can charge for prescribing medication like buprenorphine in MAT, and office-based MAT can be reimbursed for increased behavioral health services like IOP, care management, recovery coaches and other needed services that MAT patients state that they need to achieve their goals
- f. Support training for emergency department-based treatment of opioid withdrawal with buprenorphine with linkage to on-going outpatient MAT
- g. Work with HFS and interested stakeholders to reform hospital-based “detox” programs to incentivize evidence-based initiation and follow-up with MAT rather than rapid taper and weaning which often does not help patients in their efforts in recovery
- h. Pilot a "low threshold" center that could run 24/7 like a “detox” unit but would allow people to come in and have a bed, get their initial buprenorphine dose(s) and link them to ongoing care
- i. Work with Cook County Jail to expand MAT, especially for those entering jail already on MAT
- j. Expand linkage to outpatient MAT for those with OUD being discharged from Cook County Jail, as this one of the most vulnerable times for deaths due to overdose
- k. Increase training and support for recovery coaches working with MAT patients
- l. As MAT includes behavioral health services, expand resources for trauma-informed patient-centered behavioral health/mental health services, including

- m. Encourage MAT providers to link MAT patients to community support by those with lived experience who accept MAT, including 12-step groups, Rational Recovery, community groups, churches, mosques, synagogues, temples, and other groups
 - n. Launch an MAT public education campaign on CTA buses and trains and other locations, and through social media
 - o. Use money generated from any city lawsuits against pharmaceutical companies to promote MAT
- 3. How will you support the legalization of sterile syringe access for Chicago as well as statewide? How will you ensure that the city of Chicago continues to publicly fund sterile syringes for distribution?**
- a. I will support the legalization and continued public funding of sterile syringe access linked with other harm reduction services including trauma-informed engagement and counseling and MAT. We will use money generated from any city lawsuits against pharmaceutical companies to promote these services, as well as state and federal funding.
- 4. Due to federal drug laws, such [overdose prevention centers/safer consumption sites] would ideally be placed on city property. What will you do to support the creation of a publicly-funded pilot OPC in the city of Chicago?**
- a. Even though there may be some evidence that these centers may be working in other locations, we need more information about whether this would be right for Chicago. We need to survey patients about their needs and what will help to achieve their goals. We need to address the many public misgivings and misunderstandings. We would need to address where the sites would be located, how they would operate, how they would be regulated, and how they would also address trauma-informed, harm-reduction-oriented care with social supports and options for MAT.
- 5. What will you do to support decriminalization of all drug consumption and possession city-wide, particularly in communities hardest hit by the War on Drugs? Furthermore, how will you ensure Black and Latino-led organizations are included in all decision-making?**
- a. Because Black and Latinx communities have been greatly affected by the criminalization of possession of especially marijuana, two years ago I introduced in the 100th General Assembly House Bill 4059 which would amend the Cannabis Control Act and would delete the provision that the knowing possession of more than 30 grams but not more than 100 grams of any substance containing cannabis is a Class 4 felony if the offense is a subsequent offense – this legislation did not advance, but I will continue to advocate for this change. I strongly support the decriminalization of cannabis. It is hard enough to advocate for the decriminalization of cannabis - however, the issue of decriminalization of other now illegal substances would have to be taken to the public for review of the evidence and debate – only through the will of the people could this major change be advanced. I would be active in listening to the debate.
 - b. One of my first pieces of legislation was passing House Resolution 468 (96th GA) with bipartisan sponsorship urging that social justice be the guiding principle in decision making in the House of Representatives. I was the Chief House Co-Sponsor of legislation that became law creating the Racial and Ethnic Impact Research Task Force to determine a practical method for the standardized collection and analysis of data on the

racial and ethnic identity of arrestees by State and local law enforcement agencies (Public Act 097-0433). I was the Chief House Sponsor of legislation that became law as the Criminal Identification Act that requires ethnic and racial data be gathered at many points when a person encounters the criminal justice system (Public Act 098-0528). I introduced and passed House Resolution 396 (99th GA) that directs the Illinois Juvenile Justice Commission review the current practice of restorative justice in juvenile justice systems in Illinois. I have also passed legislation that became law which gives returning citizens/ex-offenders the opportunity to seal criminal records for certain Class 3 and 4 non-violent offenses, including drug-related charges. I also introduced legislation that became law that provides that records of charges that result in an acquittal or dismissal with prejudice, except for minor traffic offenses, may be immediately sealed after the final disposition of the case (Public Act 100-0282). I also introduced legislation that became law which limits bail bond costs to \$100 (in Chicago) when the accused is cleared of a crime or if charges are dropped, rather than the previously required 10% (Public Act 99-0412). I introduced and passed a House Resolution urging the governor and the Department of Corrections to discourage prosecutors from recommending and judges from sentencing low level drug offenders to the county jail or the Department of Corrections (HR163, 99th GA and HR5, 100th GA). Hopefully, all of these laws will help those charged with possession of substances. Too many people in minority communities have been disproportionately involved with the criminal justice system.

- c. To address the true causes of the epidemic of deaths due to opioid overdoses, we also need to work to stem the flow of fentanyl and other synthetic opioids into our minority neighborhoods.
- d. I currently work with many minority-led organizations in the formation of legislation, and I will continue this practice as mayor. In fact, this is one of the most important reasons I am running for mayor – to give people who have been shut out of the system a voice in their own futures.

6. In what ways will you support the elimination of drug-induced homicide laws?

- a. People trying to save other people's lives should not be arrested. I will work with my colleagues in the General Assembly to strengthen Good Samaritan laws.